

STATE OF MICHIGAN
DEPARTMENT OF MILITARY & VETERANS AFFAIRS

2500 S. WASHINGTON AVENUE, LANSING, MI 48913-5101

MAJOR GENERAL THOMAS G. CUTLER

Director, and The Adjutant General

Statement of Understanding, Michigan National Guard
State Education Reimbursement Program

This Statement of Understanding highlights the administrative procedures pertaining to enrollment and participation in the Michigan National Guard State Education Reimbursement Program. The purpose of having you read and sign this Statement of Understanding is to assure that you are aware of critical information that could affect your participation in the Michigan National Guard State Education Reimbursement Program.

- a. I understand that I must be admitted to and enrolled in course(s) at an accredited college, university, technical college or vocational/trade school in Michigan prior to final application approval and acceptance by the State Education Officer acting on behalf of the Adjutant General. I understand that by attending an accredited institution, I may be eligible to receive up to an equivalent of 50% of the total cost of tuition, not to exceed \$2,000, in the form of State Education Reimbursement, in an academic year. I understand that SERP may be used for the repayment of loans, textbooks and other expenses I may accrue during an academic year _____ (initial).
- b. I understand that I may not be able to participate in the Michigan National Guard Reimbursement Program at the time of initial or subsequent application due to the availability of funding for the State Education Reimbursement Program _____ (initial).
- c. To apply for State Education Reimbursement, I must complete the State Education Reimbursement application, have it certified by my Unit Representative and attach this completed Statement of Understanding to the application, returning these materials to the State Education Office,
Michigan Department of Military and Veterans Affairs _____ (initial).
- d. I understand that State Education Reimbursement will not carry over from one academic semester/term to the next. I understand that I must reapply and send an application to the State Education Office to indicate my intent to receive State Education Reimbursement for each semester/term. I understand that failure to reapply for State Education Reimbursement for each academic semester/term needed may prevent me from receiving State Education Reimbursement _____ (initial).

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- e. I understand that my participation in the State Education Reimbursement Program may be suspended at the direction of the Adjutant General for failure to maintain good military standing as an active member of the Michigan National Guard or for failing to maintain good academic progress and program pursuit _____ (initial).
- f. I understand that I must provide evidence of attendance and completion of the course of study with a cumulative G.P.A. of at least a 2.0 on a 4.0 scale, or its equivalent, to be eligible for reimbursement. Upon completion of the semester or term, I will submit a copy of my final grade report and tuition bill to the State Education Office for reimbursement. I understand that reimbursement is based on courses or terms that are successfully completed and that reimbursement will not be given for courses that are failed, incomplete, repeated or withdrawn _____ (initial).
- g. I understand that reimbursement payments will be made only for semesters/terms during the current academic year. I understand SERP payments will not be made for previous semesters/terms and that I have 60 days upon the completion of the semester/term to send in a grade report and tuition bill to the State Education Office for payment _____ (initial).

I, the undersigned, acknowledge that I have read this statement before signing it. I have familiarized myself with the Administrative Regulations and Procedures and fully understand all obligations, responsibilities, and standards set forth in the Administrative Regulations and Procedures.

Print Full Name: _____

Signature: _____ Date: _____

Applicant

Print Full Name: _____

Signature: _____ Date: _____

Parent or Guardian if Applicant is under 18 years of Age